U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Numb r 0R696-71036 **DECLARATION FOR UTILITY OR** First Nam d Inventor Alexander Routberg **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** X Declaration Filing Date Declaration OR Submitted after Initial Submitted Art Unit Filing (surcharge with Initial

\	Filing	(37 CFR 1.16 (e)) required)	Examiner Name			•
	As the below named inventor, I her	eby declare that:			 	
	My residence, mailing address, and c	itizenship are as stated belov	w next to my name.			
	I believe I am the original and first inve	entor of the subject matter wh	nich is claimed and for whi	ch a patent is soug	ht on the invention entitled:	
						
	Multi-Phase Alterna	ating Current Pla	sma Generator			
		(Title of the In	vention)			
	the specification of which					
	X is attached hereto					
	OR [
	was filed on (MM/DD/YYYY)		as United States A	pplication Number	or PCT International	
						
	Application Number	and was amende	d on (MM/DD/YYYY)		(if applicable).	
	<u> </u>		<u>. </u>			
1	I hereby state that I have reviewed and any amendment specifically referred to	d understand the contents of above.	the above identified speci	fication, including t	he claims, as amended by	
1	I acknowledge the duty to disclose info applications, material information whic	ormation which is material to	patentability as defined in	37 CFR 1.56, inclu	iding for continuation-in-part	
j	international filing date of the continua	tion-in-part application.				_
i	I hereby claim foreign priority benefits breeder's rights certificate(s), or 365(a States of America, listed below and h	a) of any PCT international :	application which designa	ted at least one co	ountry other than the United	d
1	breeder's rights certificate(s), or any claimed.	PCT international application	n having a filing date bef	ore that of the ap	plication on which priority is	s
	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	,
						_
_						
- [Additional foreign application nu	mbers are listed on a suppler	mental priority data sheet I	PTO/SB/02B attach	ned hereto:	

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

gn Patent Application DECLARATION — Util **Customer Number** Direct all correspondence to: OR Correspondence address below or Bar Code Label ATENT TRADEMARK OFFICE Name **Address** City State Telephone Fax Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name Alexander P. Routberg **Family Name** (first and middle [if any]) or Surname Inventor's Signature USA Huntsville ALResidence: City State Country Citizenship 150 Spinnaker Ridge Dr., Apt. D-116 **Mailing Address** USA AL Huntsville State ZIP Country A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: **Given Name Family Name** (first and middle [if any]) or Surname Inventor's Signature Date Residence: City State Country Citizenship **Mailing Address** State ZIP X Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

PTO/SE/01 (10-01)
Approved for use through 10 31/20:2. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPAL!TMEI/T OF COMMERCE
and to respond to a collection of information unless it contains a valid OMB control number.

NO.113

ility or De	sign Patent A	pplication
er 32009	OR O	Correspond ance address below
		·
	State	ZIP
ејерћопе		Fax
X A petition h	as been filed for this un	signed in rentur
·, -	Family Name Rutbo or Surname	erg
	······································	Date & December 2003
State	Country Russia	Russian Ederation chizitalia
-1~25		
State	ZIP 191065	Country Russia
A petition ha	s been filed for this uns	igned inventor
	Family Name or Surname	
		Date
State	Соипру	Citiz :nship
	<u> </u>	
State	ZIP	Country
	elephone own knowledge are ents were made with under 18 U.S.C. 10 X A petition has state 1-25 State State State State	State Country Russia Family Name or Sumame State Country Russia Family Name or Sumame State Country State Country State Country Country Country State Country Country

PTO/SBio1 (10-01)
Approved for use through 10/31/2002. OMB 0851-0033
U.S. Patent and Trademark Office; U.S. DEPAFTMENT OF COMMERCE
and to a collection of information unless it contains a "alld Civit control number.

DECLARATIO	N — Utili		n Patent App	olication
)	Customer Number	32009	, -·· ∟	espondunce address below
lame				
Address				
City		State		ZIP
ountry	Telep	hone		Fax
hereby declare that all statements ma are bellaved to be true; and further the made are punishable by fine or impris- validity of the application or any patent	at these statements onment, or both, uni	n knowledge are true a were made with the k der 18 U.S.C. 1001 and	and that all statements ma snowledge that willful false d that such willful false sta	ide on ir formation and belief a statements and the like so statements may jeopardize the
NAME OF SOLE OR FIRST IN	VENTOR:	A petition has be	een filed for this unsig	ned inventor
Given Name Dr. Al	exei A.		ily Name Safrono	N
Inventor's Signature	ACP			Date 08 December, 20
Residence: City StPeters	burg	State	Country Russia	Russian Federation Citizenship
Mailing Address Shkolnaya	88, flat 26			
city StPetersburg		State	zip 197183	Country Russia
NAME OF SECOND INVENTO	DR:	A petition has be	en filed for this unsign	ned invientor
Given Name (first and middle [if any])		I	nily Name Surnamo	
Inventor's Signature				Date
Residence: City		State	Country	Citiz :nsh :p
Mailing Address				
		State	ZIP	C untry

١.

	, t	J.S. Paten	it and Trademark Office: U.S	i, QEPARTN	PTO/SB/01 (10-01) /2002. OMB 0851-0032 MENT OF COMMERCE
DECLARATION — Util		sigr		_	
Direct all correspondence to: Customer Number or Bar Code Label	32000		OR Corre	esponc en	ce address below
Name					
Address,					
City		State		ZIP	
CountryTele	nhone _			Fax	
I hereby declare that all statements made harein of my oware believed to be true; and further that these statements made are punishable by fins or imprisonment, or both, un validity of the application or any patent Isaued thereon. NAME OF SOLE OR FIRST INVENTOR:	der 18 U.S.C. 10	n me kno 01 and t	IWIEDDE INSI WIIIUI IMISE	tement : m	ay Joopardize the
Given Name Dr. Vasily N. (first and middle [if any])		Femily or Sur	Name Shiryae name	ev -	
Inventor's Blue		,		Date 08	December2003
Residence: City StPetersburg	State		Country Russia	Ruis: Cilizati	lan ration shp
Mailing Address Hoshimina 13, flat 16	5			 _	
city StPetersburg	State		ZIP 194350	Countr	y Russia
NAME OF SECOND INVENTOR:		s been	filed for this unsigne		
Given Name (first and middle [if any])		Family or Sur	/ Name name		
Inventor's Signature				Date	
Residence: City	State		Country	Citizan	ship
Mailing Address					_ ,,
City	State		ZiP	Count	у
X Additional inventors are being named on the 3 su	pplemental Addi	lonat inv	entor(s) sheet(s) PTO/SE	3/02A a ta	ched hereto.

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0551-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		1
Filing Date		1
First Named Inventor	Alexander Routberg	
Title	Multi-Phase Alternating	Current
Group Art Unit		
Examiner Name		
Attorney Docket Number	0R696-71036	

I hereby appo	int:					
X Practition	ners at Custo	mer Number		<u> </u>	MALE BEST CODE PATENTARS DESKR KOFFICE	
	er(s) named	below:			PATENT TRADEMARK OFFICE	-
		Name		Re	gistration Number	
						
		-4/-> 4	- Abo Dio - Aio - id	4:6:		' l
			e the application lo demark Office cont		ove, and to transact all rewith.	
Please change t	the correspon	idence address f	or the above-identi	fied applic	ation to:	
	-mentioned C	ustomer Numbe	r.			
OR Practitioner	rs at Custome	ar Number		-	Place Customer Number Bar Code	
OR	s at Oustonie	er Number		•	Label here	
Firm or						
Individual Na	ame		· · · · · · · · · · · · · · · · · · ·		•	
Address						
City				State	Zip	
Country						
Telephone			F	ax		
I am the:						
X Applican	ıt/Inventor.					
Assigne	e of record of	the entire intere	st. See 37 CFR 3.7	' 1.		
			nclosed. (Form PTC			
	,	SIGNATURE of A	pplicant or Assigne	e of Recor	d	
Name	Alexand	er Routberg				
Signature	Hon	#				
Date	12/5/	03				
NOTE: Signatures of al	the inventors of	r assignees of record	d of the entire interest o	r their repre	sentative(s) are required. Submit	multiple
forms if more than one		ired, see below*.				

nder the Paperwork Reduction Act of 1995, no persons are required to r	U.S. Patent and Tradems	4 444 JULY 4 HOUSE 10/21/2002	D/SE//91 (02-01) DM 3: 0651-0035 DF ::DMMERGE I compol number.
nder the Paperwork Reduction Act of 1995, no persons are required to			
	Application Number		
	Filing Date First Named Inventor	Alexander Rout	berg
POWER OF ATTORNEY OR	Title		ternating turre
AUTHORIZATION OF AGENT	Group Art Unit		
AD I I ON LIVE I I I	Examiner Name		
	Attorney Docket Number	or 0R696-71036	
i hereby appoint: Practitioners at Customer Number OR		PATENT TRADEMARKS NO	COG 19
Practitioner(s) named below:		Danishan Nambas	
Name		Registration Number	
			—
			—·
<u> </u>			
as my/our attorney(s) or agent(s) to prosecute t	the application identified	above, and to transact	. a l.
business in the United States Patent and Trade	mark Office connected (
Please change the correspondence address for			
The above-mentioned Customer Number.			7
The above-mentioned Customer Number. OR		Place Customer Number Bar Cox 6	
The above-mentioned Customer Number. OR Practitioners at Customer Number		plication to:	
The above-mentioned Customer Number OR Practitioners at Customer Number OR Firm or		Place Customer Number Bar Cox 6	
The above-mentioned Customer Number OR Practitioners at Customer Number OR Firm or Individual Name		Place Customer Number Bar Cox 6	
The above-mentioned Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address		Place Customer Number Bar Cox 6	
The above-mentioned Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address Address		Place Customer Number Bar Cox 6	
The above-mentioned Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address Address City	the above-identified app	Place Customer Number Bar Cox o Label here	
The above-mentioned Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country	the above-identified app	Piece Customer Number Bar Cox s Label here	
The above-mentioned Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Telephone	the above-identified applications of the above-i	Piece Customer Number Bar Cox s Label here	
The above-mentioned Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the:	the above-identified applications of the above-i	Piece Customer Number Bar Cox s Label here	
The above-mentioned Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor.	the above-identified ap	Piece Customer Number Bar Cox s Label here	
The above-mentioned Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest	State State 1. See 37 CFR 3.71.	Place Customer Number Bar Cox o Label here	
The above-mentioned Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor.	State State 1. See 37 CFR 3.71.	Place Customer Number Bar Cox o Label here	
The above-mentioned Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Tetephone I am the: X Applicant/Inventor. Assignee of record of the entire interest Statement under 37 CFR 3.73(b) is end	State State 1. See 37 CFR 3.71.	Place Customer Number Bar Cox o Label here Zlp	
The above-mentioned Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor. Assignee of record of the entire interest Statement under 37 CFR 3.73(b) is end SIGNATURE of Ap	the above-identified applicant or Assignee of Re	Place Customer Number Bar Cox o Label here Zlp	
The above-mentioned Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Tetephone I am the: X Applicant/Inventor. Assignee of record of the entire interest Statement under 37 CFR 3.73(b) is end SIGNATURE of Ap Name Dr Philap G. Rutbe	the above-identified applicant or Assignee of Re	Place Customer Number Bar Cox o Label here Zlp	
The above-mentioned Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Tetephone I am the: X Applicant/Inventor. Assignee of record of the entire interest Statement under 37 CFR 3.73(b) is end SIGNATURE of Ap Name Dr Philap G. Rutbe	t. See 37 CFR 3.71. closed. (Form PTO/SB/9 plicant or Assignee of Re	Place Customer Number Bar Cox o Label here Zlp	
The above-mentioned Customer Number OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Tetephone I am the: X Applicant/Inventor. Assignee of record of the entire interest Statement under 37 CFR 3.73(b) is end SIGNATURE of Ap Name Dr Philap G. Rutbe	the above-identified applicant or Assignee of Reserve	Place Customer Number Bar Cox o Label here Zlp Zlp	

Burden Hrum Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the nocds of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tradema & Office, Washington, DC to NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents. Washington, CC 20231.

the Paperwark Reduction Act of 1995	5. NO persons are required to			
		Application Number		
		Filing Date First Named Inventor	Alexander Rout	berg
POWER OF ATTO	DRNEY OR	Title	Multi-Phase_N	ternating Du
AUTHORIZATION		Group Art Unit		
		Examiner Name		
		Attorney Docket Number	OR695-71036	
			To refer the first and the	
I hereby appoint:				
X Practitioners at Cus	tomar Number		APO CE	er Code
OR	COURT MANAGE		PA EN PROBLEMENT	
Practitioner(s) name	d below:			
	Name	R	egistration Number	
			-	
		the application identified a	have and to transact	
as my/our attorney(s) or ag	gent(s) to prosecute	the application identified a	above; and to transact	ali
business in the United Sta	tes Patent and Trad	emark Office connected the	ierewith.	: ali
business in the United Sta Please change the corresp	tes Patent and Trade condence address fo	emark Office connected the three thr	ierewith.	t ali
business in the United Sta Please change the corresp	tes Patent and Trade condence address fo	emark Office connected the three thr	lication to:	: ali
business in the United Sta Please change the corresp The above-mentioned OR	tes Patent and Trad condence address fo i Customer Number.	emark Office connected the three thr	lication to:	
business in the United Sta Please change the corresp The above-mentioned OR Practitioners at Custo	tes Patent and Trad condence address fo i Customer Number.	emark Office connected the three thr	lication to:	
business in the United Sta Please change the corresp The above-mentioned OR Practitioners at Custo OR	tes Patent and Trad condence address fo i Customer Number.	emark Office connected the three thr	Place Customer Number Bar Coce	
business in the United Sta Please change the corresp The above-mentioned OR Practitioners at Custo OR Firm or	tes Patent and Trad condence address fo i Customer Number.	emark Office connected the three thr	Place Customer Number Bar Coce	
business in the United Sta Please change the corresp The above-mentioned OR Practitioners at Custo OR Individual Name	tes Patent and Trad condence address fo i Customer Number.	emark Office connected the three thr	Place Customer Number Bar Coce	
business in the United Sta Please change the corresp The above-mentioned OR Practitioners at Custo OR Firm or	tes Patent and Trad condence address fo i Customer Number.	emark Office connected the three thr	Place Customer Number Bar Cox e Label here	
business in the United Sta Please change the corresp The above-mentioned OR Practitioners at Custo OR Firm or Individual Name Address	tes Patent and Trad condence address fo i Customer Number.	emark Office connected the three thr	Place Customer Number Bar Coce	
business in the United Sta Please change the corresp The above-mentioned OR Practitioners at Custo OR Individual Name Address Address	tes Patent and Trad condence address fo i Customer Number.	emark Office connected to the above-identified app	Place Customer Number Bar Cox e Label here	
business in the United Sta Please change the corresp The above-mentioned OR Practitioners at Custo OR Firm or Individual Name Address Address City Country	tes Patent and Trad condence address fo i Customer Number.	r the above-identified app	Place Customer Number Bar Cox e Label here	
business in the United Sta Please change the corresp The above-mentioned OR Practitioners at Custo OR Firm or Individual Name Address City Country Felephone	tes Patent and Trad condence address fo i Customer Number.	emark Office connected to the above-identified app	Place Customer Number Bar Cox e Label here	
business in the United Sta Please change the corresp The above-mentioned OR Practitioners at Custo OR Firm or Individual Name Address Address City Country Felephone I sim the:	tes Patent and Tradi condence address fo i Customer Number. mer Number	emark Office connected to the above-identified app	Place Customer Number Bar Cox e Label here	
business in the United Sta Please change the corresp The above-mentioned OR Practitioners at Custo OR Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/Inventor	tes Patent and Tradi condence address fo i Customer Number.	r the above-identified app	Place Customer Number Bar Cox e Label here	
business in the United Sta Please change the corresp The above-mentioned OR Practitioners at Custo OR Firm or Individual Name Address Address City Country Telephone I sim the: X Applicant/Inventor Assignee of record	tes Patent and Tradi- condence address for a customer Number. I Customer Number.	st. See 37 CFR 3.71.	Place Customer Number Bar Cox e Label here Zip	
business in the United Sta Please change the corresp The above-mentioned OR Practitioners at Custo OR Firm or Individual Name Address Address City Country Telephone I sim the: X Applicant/Inventor Assignee of record	tes Patent and Tradi- condence address for a customer Number. I Customer Number.	r the above-identified app	Place Customer Number Bar Cox e Label here Zip	
business in the United Sta Please change the corresp The above-mentioned OR Practitioners at Custo OR Firm or Individual Name Address Address City Country Telephone I sim the: X Applicant/Inventor Assignee of record	tes Patent and Tradi- condence address for a customer Number. Inner Number d of the entire interes ar CFR 3.73(b) is en	st. See 37 CFR 3.71.	Place Customer Number Bar Cox e Label here Zip	
business in the United Sta Please change the corresp The above-mentioned OR Practitioners at Custo OR Firm or Individual Name Address Address City Country Telephone I sim the: X Applicant/Inventor Statement under S	tes Patent and Tradi- condence address for a customer Number. Inner Number d of the entire interes ar CFR 3.73(b) is en	st. See 37 CFR 3.71.	Place Customer Number Bar Cox e Label here Zip	

O Total of Eurden Histr Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tracema & Office, Washington, DC 20231. DI) NOT SEND FEES OR COMPLETED F. RMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOTE Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

forms if more than one signature is required, see below".

forms are submitted.

NO.113

			Office: 0.3. DEFER 1 (1)		
der the Paperwork Reduction	Act of 1995, no persons are required to	respand to a collection of information	n unicas il display a valid (Mis acritrol number.	
		Application Number			1
•		Filing Date	<u> </u>		1
		First Named Inventor	Alexander Ro		L
POWER OF	ATTORNEY OR	Title	Multi-Phase	Alternating	Curr
AUTHORIZA"	TION OF AGENT	Group Art Unit			
		Examiner Name			1
		Attorney Dacket Number	0R696-71036		,
			A COLOR SELL MANAGEMENTS	ris (et fil)	3
I hereby appoint:	ı				Į.
TX Practitioners	at Customer Number		Nomber 64	(Cocia	l
OR			Label Here	n week:	
) named below:				1
	Name	Re	ealstration Number		1
					1
					1
					l l
1			<u> </u>	ه الكسند ه	1
Please change the	correspondence address for	mark Office connected th			-
Please change the The above-me		mark Office connected th	erewith.	or \	
Please change the The above-me OR Practitioners a OR	correspondence address for ntioned Customer Number.	mark Office connected th	erewith. ication to: Place Custome Number Ber Co	or \	
Please change the The above-me OR Practitioners a	correspondence address for intioned Customer Number. I Customer Number	mark Office connected th	erewith. ication to: Place Custome Number Ber Co	or \	
Please change the The above-me OR Practitioners a OR Firm or	correspondence address for intioned Customer Number. I Customer Number	mark Office connected th	erewith. ication to: Place Custome Number Ber Co	or \	
Please change the The above-me OR Practitioners a OR Firm or Individual Name	correspondence address for intioned Customer Number. I Customer Number	mark Office connected th	Place Custome Number Ber Co Lebel here	or \	
Please change the The above-me OR Practitioners a OR Firm or Individual Name Address	correspondence address for intioned Customer Number. I Customer Number	mark Office connected th	erewith. ication to: Place Custome Number Ber Co	or \	
Please change the The above-me OR Practitioners a OR Firm or Individual Name Address Address	correspondence address for intioned Customer Number. I Customer Number	mark Office connected the above-identified application of the above-identified application of the state of th	Place Custome Number Ber Co Lebel here	or \	
Please change the The above-me OR Practitioners a OR Firm or Individual Nama Address Address City	correspondence address for intioned Customer Number. I Customer Number	mark Office connected the above-identified appli	Place Custome Number Ber Co Lebel here	or \	
Please change the The above-me OR Practitioners a OR Firm or Individual Nama Address Address City Country Telephone I am the: X Applicant/Ir	correspondence address for intioned Customer Number. I Customer Number	mark Office connected the above-identified application of the abov	Place Custome Number Ber Co Lebel here Zip	or \	
Please change the The above-me OR Practitioners a OR Firm or Individual Nama Address Address City Country Telephone I am the: X Applicant/Ir	correspondence address for intioned Customer Number. I Customer Number Inventor. I record of the entire interest under 37 CFR 3.73(b) is end	mark Office connected the above-identified application of the abov	Place Custome Number Ber Co Lebel here Žip	or \	
Please change the The above-me OR Practitioners a OR Firm or Individual Nama Address Address City Country Telephone I am the: X Applicant/Ir	correspondence address for intioned Customer Number. I Customer Number Inventor. I record of the entire interest under 37 CFR 3.73(b) is end	State See 37 CFR 3.71. Slosed. (Form PTO/SB/96)	Place Custome Number Ber Co Lebel here Žip	or \	
Please change the The above-me OR Practitioners a OR Firm or Individual Nama Address Address City Country Telephone Lam the: X Applicant/ir Assignee o Statement	correspondence address for intioned Customer Number. I Customer Number I Customer Numbe	State See 37 CFR 3.71. Slosed. (Form PTO/SB/96) plicant or Assignee of Recease	Place Custome Number Ber Co Lebel here Žip	or \	
Please change the The above-me OR Practitioners a OR Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/ir Assignee o Statement Name Signature Date:	record of the entire Interest under 37 CFR 3.73(b) Is end SIGNATURE of App Dr. Vasily N. Shiry Delaw Ber, 2	State See 37 CFR 3.71. Solved. (Form PTO/SB/96) plicant or Assignee of Recease.	Place Custome Number Ber Co Lebel here Zip	er e	
Please change the The above-me OR Practitioners a OR Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/ir Assignee o Statement Name Signature Date NOTE Signatures of all the	record of the entire Interest under 37 CFR 3.73(b) Is end SIGNATURE of Approximately No. Shiry: ### Control of the entire Interest under 37 CFR 3.73(b) Is end Entire Interest under 37 CFR 3.73(b) I	State See 37 CFR 3.71. Solved. (Form PTO/SB/96) plicant or Assignee of Recease.	Place Custome Number Ber Co Lebel here Zip	er e	
Please change the The above-me OR Practitioners a OR Firm or Individual Name Address Address City Country Telephone I am the: X Applicant/ir Assignee o Statement Name Signature Date: NOTE Signatures of all the forms if more than one signature	record of the entire Interest under 37 CFR 3.73(b) Is end SIGNATURE of App Dr. Vasily N. Shiry Delaw Ber, 2	State State Fax See 37 CFR 3.71. Slosed. (Form PTO/SB/96) plicant or Assignee of Receiver.	Place Custome Number Ber Co Lebel here Zip Zip	dined. Submit multiple	